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OCT 04 2005

Serial No. 10/781,535  
Attorney Docket No: 160-021

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Information Disclosure Statement	1 page
PTO Form 1449	1 page
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/781,535
	<b>Filing Date</b>	02/18/2004
	<b>First Named Inventor</b>	Backes
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	Unknown
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	160-021

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Mary Steubing, Reg. No. 37,948 Steubing McGuinness & Manaras LLP
<b>Signature</b>	<i>Mary Steubing</i>
<b>Date</b>	9/30/05

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<b>Type or printed name</b>	Christine M. Monjette		
<b>Signature</b>	<i>Christine M. Monjette</i>	<b>Date</b>	10-4-05

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/781,535
		Filing Date	02/18/2004
		First Named Inventor	Backes
		Group Art Unit	
		Examiner Name	Unknown
Total Number of Pages in This Submission		Attorney Docket Number	160-021

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	<i>Mary Steubing</i>
Date	9/30/05

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Type or printed name	Christine M. Morrisette		
Signature	<i>Christine M. Morrisette</i>	Date	10-4-05

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<b>Applicant(s):</b> Backes	
<b>Serial No.:</b> 10/781,535	
<b>Filed:</b> 02/18/2004	<b>Group Art Unit:</b>
<b>Title:</b> Method for Adjusting Channel Interference Between Devices in a Wireless Network	<b>Examiner:</b> Unknown
<b>Attorney Docket No.:</b> 160-021	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

This Information Disclosure Statement is submitted before mailing date of first office action on the merits.

Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.


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Date of Deposit:

Typed Name: Christine M. Morrisette

Signature: \_\_\_\_\_

Respectfully submitted,

  
Mary Steubing Reg. No. 37,946  
Attorney/Agent for Applicant(s)  
Steubing McGuinness & Manaras LLP  
125 Nagog Park Drive  
Acton, MA 01720

Date: 9/30/05

Telephone No.: 978-264-6664

PTO/SB/08A (10-01)

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Substitute for form 1449A/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/781,555
				Filing Date	02/18/2004
				First Named Inventor	Backes
				Art Unit	
				Examiner Name	Unknown
				Attorney Docket Number	160-021
Sheet	1	of	1		

[illegible][illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04.

\*Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \*For Japanese patent documents, the indication of the year of

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